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Dated: April 23, 2003

Signature

(Monica L. Thomas)

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Docket No.: AH-UTXC-6347-1600/2900



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Life Patent Application of:

David J. Yang, et al

Application No.: 10/024,678

Group Art Unit: 1615

Filed: December 18, 2001

Examiner: Fubara, Blessing M.

For: LOCAL REGIONAL CHEMOTHERAPY AND  
RADIOTHERAPY USING IN SITU  
HYDROGEL

#7/A  
HKO  
5-6-03

RESPONSE TO RESTRICTION REQUIREMENT

AND PRELIMINARY AMENDMENTS

Commissioner for Patents  
Washington, DC 20231

Dear Sir:

This submission is in response to the restriction requirement set forth in the Office Action mailed March 26, 2003 (Paper No. 6). The Examiner has required restriction between the following groups:

Group I, claims 1-22, 24-45, 47-68 and 70, drawn to a method of dispensing a therapeutic agent in situ;

Group II, claims 1, 23, 46, and 69, drawn to method of dispensing therapeutic agent that further comprises the agents recited in claims 23, 46, and 69;

Group III, claims 71-91, drawn to a method of providing a slow-release hydrogel composition in situ to tumor;

Group IV, claims 92-108, drawn to a kit for treating tumor a tumor in situ;

Group V, claims 109-125, drawn to kit for occluding an artery associated with a tumor;

Applicants hereby provisionally elect Group I, directed to claims 1-22, 24-45, 47-68, and 70 for continued examination. Applicants reserve the right to pursue non-elected claims in other prosecution.

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Furthermore, the Examiner requires Applicants to elect species pursuant to Group I. Specifically, Applicants are required to further elect a specific method of claim 1 or 24 or 47 and a specific therapeutic agent by electing either a single drug from claims 17, 40 and 63; or a single hormone from claims 18, 41 and 64; or a single gene therapy composition comprising one gene therapy agent from claims 19, 42 and 65; or single radionucleotide from claims 21, 44 and 67; or a single nutraceutical from claims 22, 45 and 68. Also, if Applicants elect a vector, the Examiner further requires election of a specific vector defined in claims 20, 43 and 66 for classification purposes.

Applicants elect the method of claim 1 and a specific therapeutic agent being a drug, particularly cisplatin.

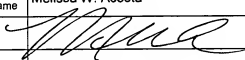
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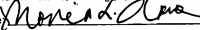
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Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

 <b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/024,678	<b>RECEIVED</b> APR 29 2003 TECHNOLOGY CENTER 3723
	Filing Date	December 18, 2001	
	First Named Inventor	David J. Yang	
	Group Art Unit	3723	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	16	Attorney Docket Number	AH-UTXC:681US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Postcard
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	FULBRIGHT & JAWORSKI L.L.P. Melissa W. Acosta
Signature	
Date	April 23, 2003

Transmittal	
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